

D is 1,25-dihydroxyvitamin D₃; vitamin D is about half as active in stimulating calcium uptake in chick intestine maintained in organ culture²⁰ and likely has a parallel effect on aluminum absorption.

Regardless of whether dietary vitamin D acts directly or indirectly through 1,25-dihydroxyvitamin D₃ it does increase tissue levels of aluminum in various animals^{9-14,18} and in humans.^{15,16} Virtually all the vitamin D that humans consume is from food additives; this makes it more feasible to control vitamin D ingestion than to control aluminum intake. If further evidence confirms an association between vitamin D and the accumulation of aluminum in the brain it may be important to control the ingestion of vitamin D as well as that of aluminum.

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Glandular tularemia with typhoidal features in a Manitoba child

I read with great interest the recent report by Dr. Pierre J. Plourde and associates (*Can Med Assoc J* 1992; 146: 1953-1955) about this fairly rare disease.

The authors' statement that isolated outbreaks have been re-

ported only in Quebec in the last 25 years, however, is erroneous. There have been two cases reported in Newfoundland within the last 15 years: one in 1981, which was confirmed by the Department of Health, and one in 1983, which I reported.¹

As noted in the discussion of my article it certainly appears that the incidence of tularemia is low in Newfoundland. However, given the broad spectrum of clinical manifestations, there may be subclinical cases, from mild, non-ulcerative glandular lesions to more severe forms, as described in the *CMAJ* article.

I also note that Plourde and associates do not mention the use of tetracycline. In the case that I saw, tetracycline settled down the disease process, and the patient recovered. Although tetracycline is effective, relapse may occur.

A high degree of suspicion is needed for this disease, or cases may very well be missed.

Howard Jacobs, LRCP&SI
Toronto, Ont.

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The therapeutic value of cats

Dr. Douglas Waugh's article in the Apr. 1, 1992, issue of *CMAJ* (146: 1233) should bring a chuckle to those who feel a kinship either to cats of all ages or only to lovable kittens.

Although our family has had long acquaintance with both cats and dogs I must admit feeling somewhat intimidated by our feline friends.

Could it be that I am somewhat thin-skinned? (I could blame it on an allergy, which was actually responsible for my only bout of

asthma, which occurred when, while fighting a cold, I made a house call to a cat lover.)

This suspicion of intimidation was born out by Hugh Keenleyside,¹ who recalled the saying that "dogs look up to their human masters, cats look down upon them, and only pigs treat them as equals."

William D. Pantou, MD
Vancouver, BC

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The doctors of our house have followed the suggestion of Dr. Waugh and read to us his article. As officials of the International Association of Cats Owning a Doctor we were rather pleased that a human being wrote such an accurate article on us.

However, Waugh forgot to mention the multiple functions a cat has in the house of a doctor: we use play therapy and impersonate babies to take the edge off their stressful lives, we patiently listen to their recriminations about the medical system, and we always try to show them how to enjoy the present moment.

Although we agree that one cannot train a cat to do tricks we would like to shed light on the reverse situation — humans can be trained by cats. As a matter of fact, the doctors in our house have been quite clever in learning a few tricks: to give us cat food or brush our hair or even type our letters when we give the paw, roll over, jump high in the air or put our ear next to their mouth to listen to one of their stupid secrets. You wouldn't believe the kick they get out of that!

We take this opportunity to remind all cats owning a doctor that they can become members of

our association by sharing their tricks with us.

Mistral, president
Blizzard, vice-president
Zephyr, treasurer
c/o Carole Ménard Buteau, MD
Jacques Buteau, MD
Montreal, Que.

[The author responds:]

I thank Dr. Pantou for his kind commentary on my piece on cats. The quotation from Hugh Keenleyside's book is priceless — I shall quote it often.

Mistral, Blizzard and Zephyr are clearly a wise and talented trio. Their pets are fortunate indeed to be in the care of such an understanding and sympathetic, if somewhat disrespectful, trio. I hope they don't mind if I pass their comments on to another of my feline correspondents, Simon Teakettle, of Gatineau, Que.

Douglas Waugh, MD
Ottawa, Ont.

I must take issue with both Dr. Waugh and his feline correspondents on the matter of cats doing tricks. In fact, we are capable of every trick that dogs do and of amazing feats that no canine would consider attempting. As you probably know, Simon Teakettle the Elder came when called (unless he was busy doing something else), sat when asked (unless he wasn't in the mood) and gave first one paw and then the other (if he thought the treat being offered was worth the effort).

When I entered the scene I added several items to the performance list. In addition to coming when I'm called (particularly if I can smell a banana or nectarine), sitting when asked politely, and giving one paw and then the other (which is the method I use to encourage the opening of a package of Tender Vittles) I do several things formerly thought to be solely in the province of dogs.

For example, on balmy spring and summer evenings I take Peter for a walk around the neighbourhood on a leash. I will also ignore a treat held in the hand of The Lady who Shares My Typewriter or placed on the floor in front of me until she says I may have it. I resisted learning such strange behaviour until she read me an article claiming that cats were too impatient and stupid to learn this kind of thing.

Simon Teakettle the Younger
Gatineau, Que.

India's physicians debate whether to go abroad or go private

In reading the article by Carolyn Abraham in the June 15, 1992, issue of *CMAJ* (146: 2221, 2224-2226, 2229) concerning India's health care system, I was disheartened to learn of yet another obstacle that confronts this desperate system: the rapid flux of physicians to private practice or to developed nations.

Having spent elective time as a medical student in a government hospital in India, I realize that no easy solutions are available to correct the imbalance in health care availability and delivery between rich and poor. Because the problems seem insurmountable (like many others that confront India) it is rare for physicians faced with the choice of personal comforts and recognition or selfless service to their country to choose the latter.

In the overwhelming squalor of the government hospital in India I developed great admiration for those doctors who had forgone the opportunity of "selling out" for personal gain, avoiding private practice or immigration to the West. They embraced the hardships and chose to stay in